RECEIVED FEC MAIL CENTER

, 2009 AUG 26 AM 11: 11

## STATEMENT OF

FEC FORM 1		ORGANIZATION					Office Use Only		
NAME OF COMMITTEE (in full)		(Check if name Example:If typing, type is changed) over the lines.			12FE4M5				
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ADDRESS (number and street)  (Check if address is changed)		1							
		NORTH	FIEL			王	6093-		
			1	CITY		STATE	ZIP CODE		
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide	e only one e	-mail addres	s)				
(Check if address is changed)		do ldf		•			CICIGIMIALILLI COM		
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)							
(Check if	(Check if address is changed)								
2. DATE	8 2	စီ 2 ဝဝ	9				· ·		
3. FEC IDENTIFIC	CATION NU	JMBER	C		magenos remanegareus r				
4. IS THIS STATE	MENT N		OR		AMENDED (A)				
I certify that I have e	examined th	is Statement and			_		ect and complete.		
Type or Print Name	of Treasure	Jeffr	ey G	eorge 1	Benne	4+			
Signature of Treasure	er J	ffy	Jerge	Den	rett-	_Date C	20 2009		
NOTE: Submission of		ous, or incomplete					to the penalties of 2 U.S.C. §437g.		
Office . Use .				Fede	further Information ral Election Commiss		FEC FORM 1		